

PART B - FEE(S) TRANSMITTAL

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09/04/2009

SHUMAKER & SIEFFERT, P.A.
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WOODBURY, MN 55125

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Brenda L. Thom	(Depositor's name)
<i>Brenda L. Thom</i>	(Signature)
December 2, 2009	(Date)

APPLICATION NO	FILING DATE	FIRST NAME OF INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
101628.885	07/28/2003	Robert P. Eans	1014-0721 S01 /	3864

TITLE OF INVENTION: MANAGEMENT INTERFACE HAVING FINE-GRAIN ACCESS CONTROL USING REGULAR EXPRESSIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	12/04/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAYE, CHIEF CIL	2161	707 006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Juniper Networks, Inc.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s) (Please first reupay any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1778 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kent J. Sieffert

Date

December 2, 2009

Typed or printed name

Kent J. Sieffert

Registration No

41,312

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